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APPLICANTS

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**** CONTINUING DATA *******This appln claims benefit of 60/273,006 03/02/2001 *MM***** FOREIGN APPLICATIONS ********MM***IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ******** 04/06/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>	

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TITLE

Method and apparatus for determination of gastrointestinal intolerance

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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